BERJAYA SOMPO INSURANCE

Address: Level 36, Menara Bangkok Bank, 105, Jalan Ampang, 50450 Kuala Lumpur.
Toll Free: 1-800-889-933 **Tel.:** 03-2170 7300 **Fax:** 03-2170 4800 **E-mail:** info@bsompo.com.my **Website:** www.berjayasompo.com.my

SOMPO TRAVEL PLUS INSURANCE PROPOSAL FORM

Berjaya Sompo Insurance Berhad (62605-U)(BSIB) is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia (BNM).

IMPORTANT NOTICE

Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this proposal form. You must answer the questions in this proposal form fully and accurately, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

Non-Consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure for Consumer and Non-Consumer Insurance Contract shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this proposal form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied. You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this proposal form is inaccurate or has changed.

IMPORTANT NOTICE

1. Payment must accompany this application.
2. Extension of cover is not allowed during the trip or after you have departed for your destination.
3. Family Plan includes you, your spouse and all your children accompanying you.
4. Maximum age of application is below 80 years old.
5. The Liability of the Company does not commence until acceptance of the proposed has been intimated by the Company or official cover note issued.

PLEASE USE BLOCK LETTERS AND TICK (✓) APPROPRIATE BOX

PART I - DETAILS OF PROPOSER

Full Name	:		
New NRIC No.	:	Date of Birth :	d d / m m / y y y y
Address of Proposer	:		
Mobile No. (H/P)	:	E-mail :	

PART II - PARTICULARS OF PERSON TO BE INSURED

Name of Insured Person	Benefit*		Plan**		New NRIC / Birth Cert. (B.C.) / Passport No.	Date of Birth	Premium (RM)
	E	B	I	F			
1.							
2.							
3.							
4.							
5.							
						Total Premium	

** Benefit: E-Elite, B-Basic* ***Plan: I-Individual, F-Family* *(If space is not sufficient, kindly attach a separate sheet.)*

Address of first named Insured Person :		Postcode :
Tel Office :	Home :	H/P :

PART III - TRAVEL INFORMATION & PERIOD OF INSURANCE

A journey shall include return to Malaysia during the Period of Insurance except for 'One-way' travel.

Area of Travel : ☐ Area 1 : Asia (including Australia & New Zealand) ☐ Please tick if destination is within Malaysia.
☐ Area 2 : Worldwide excluding USA and Canada
☐ Area 3 : Worldwide including USA and Canada

Oversea Travel means travel for leisure or business purpose to any destination outside of Malaysia or between Malaysia and East Malaysia.

Period of Travel : From ..... To .....

PART IV - PAYMENT METHOD

Total Premium Paid: RM ..... Please select payment method

☐ Cash

☐ JomPay For payment via JomPay, please provide proof of payment.

Biller Code: 1388
Ref-1: Cover note No/Policy No/EndtNo
Ref-2: Agent Code/Name & Contact No

JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account

☐ Visa
☐ MasterCard

Card No. ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Expiry Date m m - y y

☐ **One Time Payment by Credit Card - I** hereby authorise Berjaya Sompo Insurance Berhad (BSIB) to debit the premium and such amount payable as Goods and Services Tax (GST) to my credit card account as indicated above for this insurance proposal.

☐ **Auto Renewal Instruction - I** hereby authorise Berjaya Sompo Insurance Berhad (BSIB) to debit the premium and such amount payable as GST to my credit card account as indicated above for this insurance proposal and its renewal or such other amount as advised by BSIB from time to time under this insurance proposal.

Cardholder's Name: .....

Date: ..... Cardholder's Signature: .....

Service Tax (ST) - ST will be imposed on the applicable portion of the premiums due and payable.

PART V - NOMINATION

IMPORTANT NOTICE
Pursuant to Section 10 of Financial Services Act 2013 ("FSA 2013")

A policy owner who has attained the age of sixteen (16) years may nominate an individual to receive policy moneys payable under his policy upon his death.

It is advisable to appoint at least one nominee and keep the nominee informed of the appointment in order to facilitate the payment of policy moneys payable upon death of the insured. Failure to make a nomination may delay the payment of the policy moneys become payable.

If you are a non-Muslim policy owner, when you appoint your spouse, child or parent (if you have no spouse or child living on the date of making the nomination) as the nominee, you will create a trust of policy moneys payable upon your death in favor of the nominee. You are advised to appoint a trustee for the policy moneys and in the event of failure to do so, the competent nominee shall be the trustee. For a policy with such trust created, written consent of the trustee is required before you change the nomination, vary, surrender, assign or pledge the policy.

Any nominee who is other than the spouse, child or parent (if there is no spouse or child living at the date of nomination) of a non-Muslim policy owner, shall receive the policy moneys payable upon death of the policy owner as an executor. If the Policy owner's intention is for such nominee to receive the policy moneys solely as a beneficiary i.e. not as an executor, then the policy owner must assign the benefits of the policy to such nominee.

APPOINTMENT OF NOMINEES

I ..... the Insured / Proposer hereby nominate the following nominee(s) for the above policy and revoke all existing nominees (if any) named earlier.

I also agree that unless revoked by me in writing the nominations made herein shall continue to apply to every renewal of this policy.

Name of Nominee	New NRIC / B.C. No.	Date of Birth	Relationship	Share (%)

.....
Signature of Proposer
Name :
NRIC No. :
Date :

.....
Signature of Witness***
Name :
NRIC No. :
Date :

****The witness must be at least 18 years of age, sound mind and cannot be a named nominee.*

PART VI - PRIVACY NOTICE

The personal information including your personal, policy and financial details ("Personal Data") provided by and collected from you may be used and processed by us and our Group Companies[1] (within or outside Malaysia) in order for us to provide our services and to operate and manage our function as an insurance company. By signing on this proposal form, you consent to the use and processing of your Personal Data for the purposes as stated in our Privacy Notice. If you represent a body corporate, you have procured the necessary consent for our use and processing of the Personal Data provided by you for the purposes as stated in our Privacy Notice. Please refer to the Privacy Notice for details of your Personal Data privacy rights and our rights of disclosure, which is also available at our website at www.berjayasompo.com.my.

OPTION TO SUBSCRIBE TO CROSS-SELLING ACTIVITIES

You can extend your consent for us to use your Personal Data for cross-selling purposes within/with our Group Companies or our strategic business partners or selected third parties, by selecting: ☐ Yes ☐ No

Take note that you can always choose to opt out of the cross-selling activities as described above (including marketing campaigns by any of our Group Companies) at any time by contacting BSIB at the contact number stated above.

Note:

[1]Group Companies refer to Sompo Holdings Group and Berjaya Group, of which Berjaya Sompo Insurance Berhad is also an affiliate.

PART VII - DECLARATION BY PROPOSER

I am/We are in good health, free from physical impairment or deformity and I am/We are not travelling for the purpose of obtaining medical treatment or travelling against the advice of any medical practitioner. I/We understand no refund of premium is granted once the travel certificate is issued.

I/We declare and warrant that the answers/information provided in this proposal form are true and correct and I/We have not withheld any information or made any misrepresentation likely to affect the acceptance of this proposal and declaration which I agree shall be the basis of the contract between myself/ourselves and the Company. I/We shall undertake to notify the Company when there is any subsequent change to the information provided in this proposal form. A copy of the product disclosure sheet (”PDS”) is available at our website https://www.berjayasompo.com.my/. Please make sure that you have read and understood the contents of the PDS before purchasing the product.

Date .....

Signature of the Proposer .....
(If the Proposer is a company, authorised signature(s) and chop)

FOR OFFICE USE

Cover Note / Policy No.	:
Intermediary	:
Account No.	:
Effective Date	:
Source Code	:
Remarks	: